

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesOWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-
A-PAC)

ADDRESS (number and street)

PO Box 1000

1 NW OOIDA Dr.

☐Check if different
than previously
reported. (ACC)

Grain Valley

MO

64029

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00236778

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Richard Craig

Signature of Treasurer

Electronically Filed by Mr. Richard Craig

Date

07

29

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	28600.34
(b) Cash on Hand at Beginning of Reporting Period	28600.34	
(c) Total Receipts (from Line 19)	26191.29	26191.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54791.63	54791.63
7. Total Disbursements (from Line 31)	35000.00	35000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19791.63	19791.63
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information contact:**

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3150.00	3150.00
(ii) Unitemized	23041.29	23041.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26191.29	26191.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26191.29	26191.29
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26191.29	26191.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26191.29	26191.29

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35000.00	35000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	35000.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26191.29	26191.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26191.29	26191.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)

LELAND WILKINS

Mailing Address 10777 S GRAHAM RD

City

SAINT CHARLES

State

MI

Zip Code

48655-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 446520

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Terry L Button

Mailing Address PO Box 223

City

Rushville

State

NY

Zip Code

14544-0223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: 446966

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DALE P WIEDERHOLT

Mailing Address PO BOX 426

City

HAZEL GREEN

State

WI

Zip Code

53811-0426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 447442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)

HOWARD H HART

Mailing Address 7522 N LAURELHURST DR

City

SPOKANE

State

WA

Zip Code

99208-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 449859

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

HOWARD H HART

Mailing Address 7522 N LAURELHURST DR

City

SPOKANE

State

WA

Zip Code

99208-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 449860

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

DUWAYNE MARSHALL

Mailing Address W6968 COUNTY ROAD Q

City

WATERTOWN

State

WI

Zip Code

53098-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: 457061

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)

HENRY W ALBERT

Mailing Address PO BOX 1314

City

MOORESVILLE

State

NC

Zip Code

28115-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	9

Transaction ID: 457062

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN GALLAVAN

Mailing Address PO BOX 1190

City

LUCERNE VALLEY

State

CA

Zip Code

92356-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	9

Transaction ID: 457411

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ray Dean Schnautz

Mailing Address PO Box 445

City

Clay City

State

IL

Zip Code

62824-0445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	9

Transaction ID: 458415

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)

Donald C Durand

Mailing Address 418 22nd St Ne

City

Cedar Rapids

State

IA

Zip Code

52402-6331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Owner-Operator

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	9

Transaction ID: 458635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

3150.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) Friends Of Glenn Nye Mailing Address PO Box 68444	Transaction ID: 439040 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	8		2	0	0	9													
City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement Candidate Name Mr. Glenn Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> <input type="text" value="011"/> Category/ Type	1500.00																				
1500.00																						
B. Full Name (Last, First, Middle Initial) The Mesabi Fund Mailing Address PO Box 77693 City Washington State DC Zip Code 20013 Purpose of Disbursement contribution to leadership pac Candidate Name The Mesabi Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 439041 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="text" value="011"/> Category/ Type contribution to leadership pac	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	8		2	0	0	9													
1000.00																						
C. Full Name (Last, First, Middle Initial) Friends Of Glenn Nye Mailing Address PO Box 68444 City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement Primary Contribution 2010 Candidate Name Mr. Glenn Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 439590 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="text" value="011"/> Category/ Type Primary Contribution 2010	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 18

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan Mailing Address PO Box 871	Transaction ID: 439593 Date of Disbursement <div> <div>02</div> <div>11</div> <div>2009</div> </div>
City Bismarck State ND Zip Code 58502 Purpose of Disbursement primary contribution Candidate Name Mr. Byron Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	Amount of Each Disbursement this Period <div>1000.00</div> primary contribution
B. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan Mailing Address PO Box 871 City Bismarck State ND Zip Code 58502 Purpose of Disbursement general contribution Candidate Name Mr. Byron Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	Transaction ID: 439608 Date of Disbursement <div> <div>02</div> <div>11</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> general contribution
C. Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement primary contribution Candidate Name Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: 439615 Date of Disbursement <div> <div>02</div> <div>11</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> primary contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	<p>Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <hr/> <p>Mailing Address PO Box 76187 Suite 800</p> <hr/> <p>City Washington State DC Zip Code 20013</p> <hr/> <p>Purpose of Disbursement primary contribution</p> <hr/> <p>Candidate Name Sherrod Brown</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <hr/> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 439616 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 0 9</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>2000.00</div> </p> <hr/> <p>primary contribution</p>
B.	<p>Full Name (Last, First, Middle Initial) Arcuri for Congress</p> <hr/> <p>Mailing Address P.O. Box 8508</p> <hr/> <p>City Utica State NY Zip Code 13505</p> <hr/> <p>Purpose of Disbursement primary contribution</p> <hr/> <p>Candidate Name Mr. Michael Arcuri</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <hr/> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 439617 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p> <hr/> <p>primary contribution</p>
C.	<p>Full Name (Last, First, Middle Initial) Brian Baird for Congress</p> <hr/> <p>Mailing Address PO Box 5016</p> <hr/> <p>City Vancouver State WA Zip Code 98668</p> <hr/> <p>Purpose of Disbursement primary contribution</p> <hr/> <p>Candidate Name Mr. Brian Baird</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03</p> <hr/> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 439618 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p> <hr/> <p>primary contribution</p>

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)

Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
primary contribution

Candidate Name
Samuel Graves

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: 439622

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

primary contribution

B.

Full Name (Last, First, Middle Initial)

Shelley Moore Capito for Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
primary contribution

Candidate Name
Shelley Capito

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 439624

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

primary contribution

C.

Full Name (Last, First, Middle Initial)

Blumenauer for Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
primary contribution

Candidate Name
Mr. Earl Blumenauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: 439625

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

primary contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) Carney for Congress Mailing Address P.O. Box A	Transaction ID: 439628 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div>
City Clarks Summit State PA Zip Code 18411 Purpose of Disbursement primary contribution Candidate Name Mr. Christopher Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 10	Amount of Each Disbursement this Period <div>1000.00</div> primary contribution
B. Full Name (Last, First, Middle Initial) Citizens for Tim Petri Mailing Address P.O. Box 270 City Fond Du Lac State WI Zip Code 54936 Purpose of Disbursement primary contribution Candidate Name Mr. Thomas Petri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 06	Transaction ID: 439629 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> primary contribution
C. Full Name (Last, First, Middle Initial) Bill Shuster for Congress Mailing Address PO Box 27 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement primary contribution Candidate Name Mr. William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 09	Transaction ID: 439630 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>500.00</div> primary contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Transaction ID: 439631 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Schauer For Congress Mailing Address PO Box 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	9												
<table border="1"> <tr> <td>City Battle Creek</td> <td>State MI</td> <td>Zip Code 49016</td> </tr> <tr> <td colspan="2">Purpose of Disbursement primary contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Rep. Mark Schauer</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td colspan="2"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td colspan="3">State: MI District: 07</td> </tr> </table>	City Battle Creek	State MI	Zip Code 49016	Purpose of Disbursement primary contribution		<div>011</div> Category/ Type	Candidate Name Rep. Mark Schauer		Office Sought:	Disbursement For:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: MI District: 07			Amount of Each Disbursement this Period <div>1000.00</div> primary contribution			
City Battle Creek	State MI	Zip Code 49016																			
Purpose of Disbursement primary contribution		<div>011</div> Category/ Type																			
Candidate Name Rep. Mark Schauer																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: MI District: 07																					
B.	Transaction ID: 439633 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Friends of Barbara Boxer Mailing Address PO Box 411176	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
<table border="1"> <tr> <td>City Los Angeles</td> <td>State CA</td> <td>Zip Code 90041</td> </tr> <tr> <td colspan="2">Purpose of Disbursement primary contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Barbara Boxer</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President </td> <td colspan="2"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td colspan="3">State: CA District:</td> </tr> </table>	City Los Angeles	State CA	Zip Code 90041	Purpose of Disbursement primary contribution		<div>011</div> Category/ Type	Candidate Name Barbara Boxer		Office Sought:	Disbursement For:		<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: CA District:			Amount of Each Disbursement this Period <div>2500.00</div> primary contribution			
City Los Angeles	State CA	Zip Code 90041																			
Purpose of Disbursement primary contribution		<div>011</div> Category/ Type																			
Candidate Name Barbara Boxer																					
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: CA District:																					
C.	Transaction ID: 439634 Date of Disbursement																				
Full Name (Last, First, Middle Initial) Duncan for Congress Mailing Address PO Box 2646	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	9												
<table border="1"> <tr> <td>City Knoxville</td> <td>State TN</td> <td>Zip Code 37901</td> </tr> <tr> <td colspan="2">Purpose of Disbursement primary contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Mr. John Duncan</td> </tr> <tr> <td>Office Sought:</td> <td colspan="2">Disbursement For:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td colspan="2"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td colspan="3">State: TN District: 02</td> </tr> </table>	City Knoxville	State TN	Zip Code 37901	Purpose of Disbursement primary contribution		<div>011</div> Category/ Type	Candidate Name Mr. John Duncan		Office Sought:	Disbursement For:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: TN District: 02			Amount of Each Disbursement this Period <div>1000.00</div> primary contribution			
City Knoxville	State TN	Zip Code 37901																			
Purpose of Disbursement primary contribution		<div>011</div> Category/ Type																			
Candidate Name Mr. John Duncan																					
Office Sought:	Disbursement For:																				
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: TN District: 02																					

SUBTOTAL of Disbursements This Page (optional)**4500.00****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) Markey For Congress	Transaction ID: 439635 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 0 9</div> </div>
Mailing Address PO Box 1333	
City Fort Collins State CO Zip Code 80522	Amount of Each Disbursement this Period <div>500.00</div>
Purpose of Disbursement primary contribution	<div>011</div> Category/ Type
Candidate Name Rep. Betsy Markey	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	primary contribution
B. Full Name (Last, First, Middle Initial) DeFazio for Congress	Transaction ID: 439637 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div>
Mailing Address PO Box 1316	
City Springfield State OR Zip Code 97477	Amount of Each Disbursement this Period <div>4000.00</div>
Purpose of Disbursement 5-18-09 event/Verizon Center	<div>011</div> Category/ Type
Candidate Name Mr. Peter DeFazio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5-18-09 event/Verizon Cen- ter
C. Full Name (Last, First, Middle Initial) Team Emerson	Transaction ID: 439639 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 9</div> </div>
Mailing Address P.O. Box 822 400 Broadway, Suite 501	
City Cape Girardeau State MO Zip Code 63702	Amount of Each Disbursement this Period <div>500.00</div>
Purpose of Disbursement primary contribution	<div>011</div> Category/ Type
Candidate Name Jo Ann Emerson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	primary contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) Daniel K. Inouye (DAN10)	Transaction ID: 439642 Date of Disbursement																				
Mailing Address 1088 Bishop Street Suite 1009	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	9												
City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Daniel Inouye	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Re-elect McGovern Committee	Transaction ID: 439643 Date of Disbursement																				
Mailing Address PO Box 60405	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Worcester State MA Zip Code 01606	Amount of Each Disbursement this Period																				
Purpose of Disbursement primary contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. James McGovern	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Latham For Congress	Transaction ID: 439644 Date of Disbursement																				
Mailing Address P.O. Box 71 PO Box 71	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period																				
Purpose of Disbursement primary contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Thomas Latham	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)

Schauer For Congress

Mailing Address PO Box 100

City
Battle Creek

State
MI

Zip Code
49016

Purpose of Disbursement
primary contribution

Candidate Name
Rep. Mark Schauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 439645

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

primary contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

35000.00